Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003									10.	79	135	/
						lumn 2)	na 2)		SMALL ENTITY TYPE		OTHE	R THAN ENTITY
1	OTAL CLAIM	19	9				RATE	FEE	7	PATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	9 m	9 minus 20=		* Ø		X\$ 9=		OR	X\$18=		
IN	DEPENDENT (CLAIMS	1 · n	minus 3 =		* ф		X43=		1	V00'	
MULTIPLE DEPENDENT CLAIM PRESE				ENT						OR		
* If the difference in column 1 is less than zero, enter					"0" in	column 2		.+145=	-	OR	L	
	CLAIMS AS AMENDED - PART II							TOTAL	385	OR	TOTAL OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRES	ENTATION OF M	OLIPLE DE	PENUENT	CLAIM			+145=		OR	+290=	
		•		,	•		L.	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	OL 4414	=		X43=		OR	X86=	
لب	FIRST PHESE	ENTATION OF MU	JUIPLE DEF	ZENDENI (JLAIM			+145=		OR	+290=	
	•							TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
		(Column 1)	·	(Columi		(Column 3)						
ן כו		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
LINE IN CIVILLINI	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	ndependent	J	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		\perp					
Hi	he entry in colum	nn 1 is less than the	entry in colum	no 2. write "0	, in colu	mn 3.		+145=		OR [+290=	
ખ ir t	he "Highest Nun	nber Previously Paid nber Previously Paid nber Previously Paid	For" IN THIS	SPACE is le	ess than	20, enter "20,"	ΑD	TOTAL DIT. FEE		OR AC	TOTAL DOIT. FEE	
		her Previously Paid ber Previously Paid					ound	in the appr	ropriate box	in colun	na 1.	